



State of Maryland PPO Allowances for Maryland
(Zip Codes 206-207, 210-216, 21701-41, 21743-99, 218-219)

May-07

Procedure Code	Terminology	In Network Allowance	United Concordia Pays	Member Responsibility	Out of Network Allowance	United Concordia Pays	Out of Network Member Responsibility
D0120	Periodic Oral Evaluation	\$23.00	\$23.00	\$0.00	\$27.00	\$27.00	When receiving treatment from an out of network provider, member is responsible for their coinsurance and the difference between UCCI's payment and the provider's charge.
D0140	Limited Oral Evaluation - Problem Focused	\$32.00	\$32.00	\$0.00	\$45.00	\$45.00	
D0150	Comprehensive Oral Evaluation	\$39.00	\$39.00	\$0.00	\$41.00	\$41.00	
D0170	Re-evaluation - Limited, Problem Focused	\$36.00	\$36.00	\$0.00	\$45.00	\$45.00	
D0180	Comprehensive Perio Evaluation - New or Established Patient	\$39.00	\$39.00	\$0.00	\$41.00	\$41.00	
D0270	Bitewing - single file	\$14.00	\$14.00	\$0.00	\$16.00	\$16.00	
D0272	Bitewing - two files	\$23.00	\$23.00	\$0.00	\$27.00	\$27.00	
D0330	Panoramic Film	\$69.00	\$69.00	\$0.00	\$76.00	\$76.00	
D1110	Prophy - Adult (cleaning)	\$52.00	\$52.00	\$0.00	\$56.00	\$56.00	
D1120	Prophy - Child (cleaning)	\$39.00	\$39.00	\$0.00	\$41.00	\$41.00	
D1203	Flouride - Child	\$22.00	\$22.00	\$0.00	\$23.00	\$23.00	
D1351	Sealant - Child	\$27.00	\$27.00	\$0.00	\$32.00	\$32.00	
D2140	Amalgam - One Surface, Primary	\$58.00	\$40.60	\$17.40	\$93.00	\$65.10	
D2150	Amalgam - Two Surface, Primary	\$73.00	\$51.10	\$21.90	\$110.00	\$77.00	
D2160	Amalgam - Three Surface, Primary	\$91.00	\$63.70	\$27.30	\$139.00	\$97.30	
D2750	Crown - Porcelain, High Noble Metal	\$660.00	\$330.00	\$330.00	\$763.00	\$381.50	
D2752	Crown - Procelain, Noble Metal	\$660.00	\$330.00	\$330.00	\$737.00	\$368.50	
D3330	Root Canal Treatment - Molar	\$597.00	\$417.90	\$179.10	\$783.00	\$548.10	
D4341	Periodontal Scaling and Root Planing (4 or more teeth)	\$139.00	\$97.30	\$41.70	\$170.00	\$119.00	
D4910	Periodontal Maintenance	\$74.00	\$51.80	\$22.20	\$84.00	\$58.80	
D5110	Complete Upper Denture	\$739.00	\$369.50	\$369.50	\$894.00	\$447.00	
D7240	Surgical Extraction, Completely Bony, Impacted	\$244.00	\$170.80	\$73.20	\$320.00	\$224.00	
D8080	Comprehensive Ortho Treatment - Adolescent	\$3,086.00	\$1,543.00	\$1,543.00	\$5,500.00	\$2,000.00	

*Amounts listed above assume member has paid their deductible.

The above is a partial listing of covered services and does not represent all benefits offered under the PPO plan. It is for informational purposes only.